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**DMHMRSAS INFANT AND TODDLER ONLINE TRACKING SYSTEM ("ITOTS")  
ACCOUNT REQUEST FORM**

**MAIL or FAX a signed copy of this form along with a signed copy of the HIPAA Training Acknowledgement to:**

**David Mills**  
**Part C Office**  
**P.O. Box 1797 – 9th Floor**  
**Richmond, Virginia 23218**  
**[david.mills@co.dmhmrsas.virginia.gov](mailto:david.mills@co.dmhmrsas.virginia.gov)**  
**Telephone: (804) 371-6593**  
**FAX: (804) 371-7959**

**By completing this form, the below-named employee has reviewed the HIPAA Training Slides on the [www.dmhmrsas.virginia.gov](http://www.dmhmrsas.virginia.gov) website, signed the HIPAA Training Acknowledgment Form and is authorized to access ITOTS.**

<b>AGENCY DATA</b> (Please print or type)			
<b>Program Name:</b>		<b>Request Date:</b>	
<b>ITOTS System Manager</b> (Signature Required)		<b>Telephone Number and Email Address:</b>	
<b>ITOTS USER INFORMATION</b> (Please print or type)			
<b>Employee Name / Position Title</b>		<b>Telephone Number and Email Address:</b>	
<b>Reason for Request:</b>	<input type="checkbox"/> User Access <input type="checkbox"/> Supervising User Access <input type="checkbox"/> CO Reports Access <input type="checkbox"/> CO Admin Access <input type="checkbox"/> Discontinue Access	<b>Does this user have a DMHMRSAS domain account? If yes what is the account name.</b>	

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***ITOTS Use Only:***

***Date Entered into ITOTS:*** \_\_\_\_\_

***Entered by:*** \_\_\_\_\_